



LA DEPT OF WILDLIFE AND FISHERIES  
ALLIGATOR SPORT/HELPER  
LICENSE APPLICATION FORM



SSN: \_\_\_\_\_ ZONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_  
RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR HAIR: \_\_\_\_\_ COLOR EYES: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_ ft \_\_\_\_\_ in WEIGHT: \_\_\_\_\_ \*HUNTER SAFETY #: \_\_\_\_\_

\*No person born on or after September 1, 1969 will be issued an alligator hunting license unless that person has completed an approved Hunter Education Course

HUNTER/GUIDE'S NAME

HUNTER/GUIDE'S SSN

1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____

\*\*\* DO NOT WRITE \*\*\*  
IN THIS BOX

HUNTER/GUIDE'S  
ALLIGATOR LICENSE #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S E-MAIL ADDRESS

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

LICENSE # ISSUED TO THIS APPLICANT \_\_\_\_\_

NON-RESIDENT	_____	\$150
RESIDENT	_____	\$25